

NEVADA DEPARTMENT OF AGRICULTURE GROUND LICENSE APPLICATION



| 1. | Applicant | | | | |
|--------------|--|-----------------|-------------------|-----------------|------------|
| | (Last Name) | (First Name) | 4) | Middle Initial) | |
| | Mailing Address (Street or P.O. Box) | (Ci + v) | | State) (Z | ip) |
| | | | ` | , | 19) |
| | Home Telephone | | | | |
| 2. | Employer | | | | |
| 3. | Previous Employer | | | | |
| | м | | | | |
| 4. 5. | ☐ Check One: ☐ Principal I hold an active license in the state(s) | Operator | | | to porform |
| ٥. | pest control work in the following category | | | | co berroru |
| | ☐ CHECK CATEGORIES APPLIED FOR: | | | TAL USE ONLY | |
| 6. 1 | B. AGRICULTURAL GROUND PEST CONTROL | | Date Passed: | Approve | ∌d: |
| | □ 1. INSECTICIDES | | | | |
| | ☐ 2. HERBICIDES | | | | |
| | | | | | |
| | ☐ 3. DESICCANTS AND DEFOLIANTS | | | | |
| | 4. FUNGICIDES AND BACTERICIDES | | | | |
| | 5. RODENTICIDES | | | | |
| С | . URBAN AND STRUCTURAL PEST CONTROL | <u>.</u> | | | |
| | ☐ 1. ORNAMENTAL AND TURF | | | | |
| | ☐ 2. INDUSTRIAL AND INSTITUTIONAL | | | | |
| | ☐ 3. STRUCTURAL | | | | |
| | 4. FUMIGATION | | | | |
| | □ 5. AQUATIC | | | | |
| | ☐ 6. RIGHT-OF-WAY | | | | |
| | 7. PRESERVATION OF WOOD | | | | |
| | , INDEPENDENCE OF WOOD | | | | |
| GI | ENERAL | | | | |
| | | | | | |
| / | (Applicant's Signature) | (Date | e) | | |
| 10. endor | The undersigned Primary Principal or Principal sees the above application, and requests the defining December 31, 20 | | | | |
| | (Primary Principal's or Principal's Signature) | | (Date) | | |
| | 350 Capitol Hill Ave, Reno, NV 89502-29 | 92 Phone (775)6 | 88-1180, FAX (775 | 5)688-1178 | |
| | MENTAL USE ONLY e Issued On:By: | Receipt #: | | License #: | |

CHILD SUPPORT INFORMATION

| | | the application 555.325)! | ation, will result | in the automation | c denial of your lice | ense application. (NRS | | | | |
|--|---|--|---|-------------------|-----------------------|-------------------------|--|--|--|--|
| <u> </u> | 90, | 333.323): | | | | | | | | |
| | | I am no | I am not subject to a court order for the support of a child. | | | | | | | |
| | \square I am subject to a court order for the support of one or more children and | | | | | | | | | |
| | | compliance with the order, or am in compliance with a plan approved by the distraction attorney or other public agency enforcing the order for the repayment of the among owed pursuant to the order; $\overline{\text{OR}}$ | | | | | | | | |
| | children and am not in ttorney or other public pursuant to the order. | | | | | | | | | |
| CEU: | ST | ATEMENT F | OR 20 (NAC. | 555.372) | | | | | | |
| | \square New license for the first time or amending an active license. | | | | | | | | | |
| | \square Reinstatement of a 20 license (rehire / transfer). | | | | | | | | | |
| \square Reinstatement of a 20 or 20 license (proof of 6 CEU's required). | | | | | | | | | | |
| | | | acquired the mini license. | mum number of CE | U's necessary to re | einstate my Nevada pest | | | | |
| Course # | | : | Course Title | Provider | CEU's | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Appli | cant | 's Social | Security number: _ | | | | | | | |
| | | | | | | | | | | |
| Signature of Applicant | | | | | | | | | | |
| | | | | | | | | | | |
| Date | | | | | | | | | | |

Each pest control license applicant \mathtt{must} check \boxtimes the appropriate response below. Failure to check one of the three boxes below, or failure to provide your social security number or failure to sign